PTO/SB/81 (01-09)

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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND HANGE OF CORRESPONDENCE ADDRESS AT UNIT 1733 Examiner Name Not Yet Assigned Attorney Decker No. DAVIDK 3,3-017 I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR I hereby appoint Practitioner(s) associated with the following Customer Number as impour attorney(s) or agent(s) to prosecute the application identified above, and to transpot all business in the United States Patient and Trademark Office connected therewith: Practitioner(s) Name Registration to: **Email**	CAMERION	POWER OF ATTORNEY				6	
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